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Attorney Docket No.: 56162.000321

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name;

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMMUNICATIONS SYSTEM USING RINGS ARCHITECTURE

the specification of which: ☐ is attached hereto.

☒ was filed on: July 2, 2002

as United States Application No.: 10/064,235

or PCT International Application No.: _____

and was amended on: _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56.

And I hereby authorize and request our agents, Hunton & Williams, whose address is set forth below, to insert above, if necessary, the filing date and application number of said application when known.

Prior Foreign Application(s)

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

Application Number	Country	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Intellectual Property Department
1900 K Street, N.W.
Suite 1200

Washington, D.C. 20006-1109
(202) 955-1500 (telephone); (202) 778-2201 (facsimile)

Application Number	Country	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Prior Provisional Application(s)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Application Number	Date of Filing (day, month, year)
60/301,843	July 2, 2001
60/335,516	November 28, 2001
60,347,235	January 14, 2002

Prior United States Application(s)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Number	Date of Filing (day, month, year)	Status - Patented, Pending, Abandoned

And I hereby appoint, both jointly and severally, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the Hunton & Williams attorneys and agents associated with

CUSTOMER NUMBER

21967

All correspondence and telephone communications should be addressed to:

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corresponding to the law firm of Hunton & Williams; Intellectual Property Department; 1900 K Street, N.W.; Suite 1200; Washington, DC 20006-1109; telephone number (202) 955-1500; facsimile number (202) 778-2201.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Signature

Ilia Greenblat

Date

Sep 18 2002

Given Name

(first and middle (if any))

Ilia

Family Name
or Surname

GREENBLAT

Citizenship:

Israel

Residence:

Hod-Hasharon

Mailing Address:

13/3 Hohit Street, Hod-Hasharon 45352, Israel

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Signature

Date

Given Name

(first and middle (if any))

Family Name
or Surname

Citizenship:

Residence:

Mailing Address:

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Signature

Date

Given Name

(first and middle (if any))

Family Name
or Surname

Citizenship:

Residence:

Mailing Address:

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NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Signature _____ Date _____

Given Name (first and middle (if any)) _____ Family Name or Surname _____

Citizenship: _____

Residence: _____

Mailing Address: _____

NAME OF FIFTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Signature _____ Date _____

Given Name (first and middle (if any)) _____ Family Name or Surname _____

Citizenship: _____

Residence: _____

Mailing Address: _____

NAME OF SIXTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Signature _____ Date _____

Given Name (first and middle (if any)) _____ Family Name or Surname _____

Citizenship: _____

Residence: _____

Mailing Address: _____

NAME OF SEVENTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Signature _____ Date _____

Given Name (first and middle (if any)) _____ Family Name or Surname _____

Citizenship: _____

Residence: _____

Mailing Address: _____